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**PATENT APPLICATION**

Applicant(s):	Kalavade	Case: Kalavade 5 (US)
Serial No.:	09/525,595	Examiner: Dinh, Khanh Q.
Filed:	March 14, 2000	Group Art Unit: 2155
Title:	MEDIA GATEWAY APPLIANCE	

#3/A  
LST  
6-3-03  
entered

COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

SIR:

**AMENDMENT**

In response to the non-final Office Action mailed December 17, 2002,  
please amend the above-identified patent application as follows:

Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/525,595	
	Filing Date	March 14, 2000	
	First Named Inventor	KALAVADE	
	Group Art Unit	2155	
	Examiner Name	K. Q. Dinh	
Total Number of Pages in This Submission	16	Attorney Docket Number	LCNT/121891

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Certificate of Facsimile Transmission</b>
Remarks	It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to deposit account number 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	EAMON J. WALL	
Signature	<i>E. J. Wall</i>	
Date	March 17, 2003	

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